Brooks County Schools
1081 Barwick Road, Quitman, Georgia 31643
Dr. Vickie Reed, Superintendent

Records Release

The following student has requested enrollment in the Brooks County School System:

Student's Name_____

Date of Birth _____ Grade _____

School Last Attended_____

School Address_____

School Phone Number _____ School Fax Number _____

Please release the following portion of the records regarding this student, which includes:

_____ Transcript of Student Grades
_____ Withdrawal Grades
_____ Test Scores
_____ BLT (Basic Literacy Test)Results
_____ SST Documentation
_____ Disciplinary Record
_____ Gifted / EL / Migrant / RTI / etc.
_____ Attendance (including days on roll and absences)
_____ Birth Certificate and Social Security Card
_____ Immunization Records (GA3231)
_____ Ear/Eye/Dental Record (GA3300)
_____ Special Education Folder (including Psychological, Eligibility Report, IEP, etc.)
_____ 9th Grade Entry Date (mm/dd/yy) if applicable
Other _____

Please send records to: _____ Phone _____
_____ Fax _____
_____

House Bill 180 requires that the parent indicate whether the student is currently serving a suspension or expulsion from another school, the reason for that action, and the term of the action.

Suspension [ ] Yes [ ] No

If you answered yes, please state the reason for that action on the lines provided: _____

_____

_____

Term of Action: _____

House Bill 180 specifically provides that if a student who has been conditionally admitted if "found to be ineligible" under the provisions of the new School Safety Act then the student "shall be dismissed from enrollment until such time as he or she becomes so eligible."

Parent/Guardian Signature _____ Date _____

160-5-1-.12 STUDENT FEES AND CHARGES/REQUIRED STUDENT EQUIPMENT AND MATERIALS.
(h) Local units of administration shall not withhold any student record because of nonpayment of fees. However, schools may withhold grad cards, diplomas, or certificates of progress until fees are paid. Authority O.C.G.A.§20-2-133;20-2-1013. Op. Atty. Gen. 85-35.

FERPA allows schools to disclose those records, with consent, to the following parties or under the following conditions (34 CFR § 99.31): School officials with legitimate educational interest; Other schools to which a student is transferring.

Brooks County School System
Student Registration

OFFICE USE ONLY: Student #: _____ School Assigned: _____ Grade: _____ Entered by/Date: _____
Residency ___ Birth Certificate ___ Social Security Card ___ GA Immunization ___ Ear/Eye/Dental Form ___ Out of Attendance Zone ___ Sealed Transcript ___
Copy to: Spec Ed ___ 504 ___ Gifted ___ ESOL ___ Migrant ___ EIP ___ REP ___ ALT* ___ Social Services ___ Other _____ (Rev. 3-18)

STUDENT'S FULL LEGAL NAME: _____
Last First Middle Jr., II, III, etc.

GRADE: _____ GENDER: M / F (Circle One) DATE OF BIRTH: _____ (MM/DD/YY) AGE: _____ STUDENT SS#: _____ / _____ / _____ (Waiver available if desired)

ETHNIC GROUP: Is this student Hispanic/Latino? ____ Yes ____ No
RACE (Choose **ALL** that apply): ____ American Indian/Alaska Native ____ Asian ____ Black/African American
____ Hawaiian/Other Pacific Islander ____ White ____ Multi Racial (indicate which)

IF FROM ANOTHER COUNTRY: DATE ENTERED US: _____ DATE ENTERED US SCHOOL _____

LAST SCHOOL ATTENDED _____
School City State Zip Phone &/or Fax #

Did student attend a Pre-K Program? ___ Yes ___ No IF YES: Public ___ Private ___ Head Start ___ Special Education ___

Date Entered 9th Grade _____ Has student ever attended Brooks County Schools: ___ Yes ___ No

Special Education ____ Speech ____ Gifted ____ ESOL ____ 504 Plan ____ EIP ____ Migrant ____ Remedial ____ Alternative* ____
If the student was previously enrolled in an alternative school setting or subject to future disciplinary actions at their previous school, then they will be enrolled in a similar school setting or disposition in the Brooks County School System.

RESIDENTIAL ADDRESS: _____
Street Address

_____
City County State Zip Code Home Phone

MAILING ADDRESS (if different): _____
Address City State Zip Code

Do you lack a fixed, regular, or adequate nighttime residence? ___ Yes ___ No

CHILD LIVES WITH: (Circle) Both Parents Mother Father Step-Parent Guardian Other _____

NAME(S): _____

Who has legal custody of this child? _____ *(Documentation of legal custody must be provided to the school)*

STUDENT'S MEDICAL CONDITION: _____ TREATMENT _____

Other information the school needs to know about this child: _____

Permission to administer First Aid? ___ Yes ___ No Insurance: School ____ Private ____ Medicaid/Peachcare ____ None ____

Permission to photograph or videotape student and to publish those photos in various media? ___ Yes ___ No

Permission to evaluate? ___ Yes ___ No Permission to transport? ___ Yes ___ No

Is either parent Military? ___ Yes ___ No Parent _____ Branch _____ Status _____

Parent #1 Name: _____ Guardian? ___ Yes ___ No
Last First Middle Sr., Jr., II, etc.

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer: _____ Occupation: _____ Work Phone: _____

Parent #2 Name: _____ Guardian? ___ Yes ___ No
Last First Middle Sr., Jr., II, etc.

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer: _____ Occupation: _____ Work Phone: _____

EMERGENCY CONTACT #3 NAME: _____ Relationship: _____
Last First Middle Sr., Jr., II, etc.

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer: _____ Occupation: _____ Work Phone: _____

EMERGENCY CONTACT #4 NAME: _____ Relationship: _____
Last First Middle Sr., Jr., II, etc.

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer: _____ Occupation: _____ Work Phone: _____

TOTAL NUMBER LIVING IN YOUR HOUSE: _____ NUMBER OF CHILDREN IN FAMILY: _____

List ALL children living in this household (including this student)

NAME	AGE	SCHOOL	GRADE

My child will be a: Walker _____ Car Rider _____ Bus Rider: _____ Morning Bus # _____ Afternoon Bus # _____

PERSON AUTHORIZED TO PICK UP STUDENT OTHER THAN THOSE LISTED ABOVE:

NAME	RELATIONSHIP	PHONE (Home and Cell, if possible)

PERSONS *RESTRICTED* FROM PICKING UP STUDENT: *(Legal documentation required if restricted person is parent)*
Name(s): _____

I affirm that the above named student (circle one) has not been / has been expelled from school attendance at any private or public school in Georgia or another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or the willful infliction of injury to another person.

I certify that all information contained on this registration form is true and correct.
I understand that I must report any change of residence and submit new proof of residence to this school.

_____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

BROOKS COUNTY SCHOOLS

School-Based Student Health Care

PLEASE READ CAREFULLY AND FILL OUT THIS CONSENT FORM IN ORDER FOR YOUR CHILD TO USE THE HEALTH CLINIC. ONCE COMPLETED, RETURN THIS PAGE TO YOUR CHILD'S TEACHER.

I give my consent for _____
(Please print child's full legal name)
to receive medical care at the school-based clinic. I authorize a designated health professional to provide necessary and/or advisable treatment for my child. I give my permission for necessary medical tests, procedures, and treatment in the medical evaluation and management of my child's medical care.

Birth Date _____ Homeroom Teacher _____ Grade _____

CIRCLE YES OR NO FOR THE FOLLOWING:

ALLERGIES TO MEDICINE: (YES or NO)
If YES, explain _____

ALLERGIES TO ANYTHING OTHER THAN MEDICINE: (YES or NO)
If YES, explain _____

CURRENT MEDICATION: (YES or NO)
If YES, explain _____

CHRONIC MEDICAL ILLNESSES PAST OR PRESENT: (YES or NO)
If YES, explain _____

All health clinic services are provided at **NO COST** to the patient. However, to help with possible outside referrals, PLEASE CHECK if either of the following applies to your child:
___Private medical/health insurance: If yes, with whom? _____
___Peachcare of Georgia
___Medicaid/AFDC. Family Case Number: _____
___None

We can now provide Telehealth services for doctor's appointment at your convenience. Are you interested in this service for your child? ___ Yes ___ No

I have completely disclosed all known allergies, chronic illnesses, current medications, and prior medications or drugs that have resulted in adverse reactions with respect to my child. I have read and completed this consent form for my child. I understand that any questions I may have concerning the clinic can be answered by calling the school and asking for the school nurse.

_____ _____
(Signature of Parent/Guardian) (Date)

Home Phone Number: _____ Work Phone Number: _____

Alternative Contact Person: _____ Alternative Number: _____

Primary Care Physician (Doctor): _____

Georgia Department of Education
ESOL & Title III Unit

Required Home Language Survey
Encuesta obligatoria en el idioma nativo

Georgia Department of Education

Dear Parent or Guardian:
Estimado padre o tutor:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Para proporcionarle a su hijo la mejor educación posible, debemos determinar qué tan bien habla y entiende el inglés. Esta encuesta ayuda al personal de la escuela a determinar si su hijo puede ser un candidato para recibir apoyo adicional en inglés. La calificación final para el apoyo idiomático está basada en los resultados de una prueba en inglés.

Thank You
Gracias

Student Name: _____ School _____

Nombre del estudiante: _____ *Escolar* _____

Language Background:
Antecedentes idiomáticos:

1. Which language does your child best understand and speak?
   ¿Qué idioma su hijo entiende y habla mejor?

   _____ English *Ingles* _____ Spanish *Espanol* _____ Other: _____ *Otro:*

2. Which language does your child most frequently speak at home?
   ¿Qué idioma su hijo habla con mayor frecuencia en el hogar?

   _____ English *Ingles* _____ Spanish *Espanol* _____ Other: _____ *Otro:*

3. Which language do adults in your home most frequently use when speaking with your child?
   ¿Qué idioma usan con mayor frecuencia los adultos del hogar cuando hablan con el niño?

   _____ English *Ingles* _____ Spanish *Espanol* _____ Other: _____ *Otro:*

Language for School Communication:
Idioma para la comunicación con la escuela:

4. In which language would you prefer to receive all school information?
   ¿En qué idioma prefiere recibir toda la información escolar?

   _____ English *Ingles* _____ Spanish *Espanol* _____ Other: _____ *Otro:*

_____
Signature of Parent/Guardian/Other
Firma del padre/tutor/otro

_____
Date
Fecha

This form is a document of the student's permanent record folder. If necessary, a copy of this form should be given to the ESOL teacher. *Este document es parte del registro permanenté de los estudiantes. Si es necesario, se prude dar una copia de esta forma a la maestro de ingés.*

Georgia Department of Education

Educating Georgia's Future

School District: Brooks County Schools

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No

2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

If you answer "yes", check all that applies:

☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
☐ 3) Processing/Packing agricultural products
☐ 4) Dairy/Poultry/Livestock
☐ 5) Packing/Processing meats (beef, poultry, or seafood)
☐ 6) Commercial fishing or fish farms
☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

Dear Parents,

Brooks County School System is proud to provide access to the Infinite Campus Portal. The portal can be accessed at https://campus.brooks.k12.ga.us/campus/portal/brooks.jsp or via the Campus Portal App found in the app store with your smart phone. Typically, the parents and legal guardian are the only people who should be able to access the students' academic records. Please fill out and return the form below to help us correct our records and configure your account appropriately. We will e-mail your username and password to you at the e-mail you specify below.

	Parent/Guardian 1	Parent/Guardian 2
Last Name		
First Name		
E-mail		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
City/State/Zip		
Street Address		
City/State/Zip		

Student Information: (You may register up to 4 students with one form.)

	Student 1	Student 2	Student 3	Student 4
School				
Grade				
Last Name				
First Name				
Birth Date				
Relation to P/G 1				
Relation to P/G 2				

For further assistance, please contact Kathy Flowers, Data Manager at kflowers@brooks.k12.ga.us or 229-263-8606 ext 3030.

For Office Use Only: Rec'd. _____
Acct. _____ E-mailed _____

Brooks County Board of Education
Transportation Department
1081 Barwick Road
Quitman, Georgia 31643
Phone: 229-588-2340
Jim Goodson, Transportation Director

PLEASE RETURN THIS SHEET TO THE BUS DRIVER TOMORROW
THANK YOU!

Student Name: _____ Grade: _____

School Attending: _____

Student's Complete 911 Address: _____

City: _____ Zip Code: _____

Home Number: _____ Parent Cell Number: _____

Morning Bus Number: _____

Afternoon Bus Number: _____

Address if riding a different bus in the afternoon: _____

City: _____

Student Lives With: Both Parents _____ Mother _____ Father _____ Guardian _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

Guardian's Name: _____ Cell Number: _____

IN CASE OF EMERGENCY AND WE CAN NOT REACH THE PARENT/GUARDIAN, PLEASE LIST TO EMERGENCY CONTACTS:

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Medical information driver may need to know (allergies to medication, bee stings, frequent nose bleeds, seizures, etc.)

_____

_____